

Response to Kite

Inmate Name: Alford	
Number: 190744	Lock/Unit: A2W1
From: Medical	
Regarding Your Kite of (Date): New Boots.	

The mailroom has approved for you to get new medical boots. please make sure there is a receipt in the box.

Thank you.

Signature: E Hughes PN

Ref# TOC10321001122	Housing:A2W0001	Date Created:03/10/2021
ID#: A196744	Name:ALFORD,BRIAN	
Form:Kite	Subject:Health Care	Description:Health Care
Urgent:No	Time left:n/a	Status:Closed

Original Form

3/10/2021 10:48:52 AM : (a196744) wrote

MS. ZILLES: IN YOUR RESPONSE DATED 11-25-20 REGARDING THE PURCHASING OF MEDICALLY APPROVED FOOTWEAR, YOU ADVISED THAT I COULD ONLY ORDER SHOES AND NOT BOOTS. THE BOOTS I NEED ARE NON-SAFETY TOE AND SIX INCH HEIGHT, AND THE FOORTEAR ORDERED BY MEDICAL HERE AT TOCI WERE IN FACT BOOTS. THE DOCTOR APPROVED ORDERING BOOTS AT YOUR EXPENSE, BUT MR. COPELY ADVISED THE BECAUSE THE BOOTS WOULD BY ORDERED BY OPI THEY WOULD NOT BE VERY WELL MADE. AT THAT TIME, I AGREED WITH MR. COPELY THAT I WOULD IN FACT ORDER BOOTS MYSELF. BECAUE THERE IS A MEDICAL NEED FOR THE BOOTS DUE TO NEUROPATHY AND CIRCULATORY PROBLEMS, YOU HAVE TO NOTIFY MAILROOM THAT BOOTS ARE MEDICALLY APPROVED, AND NOT UNIT STAFF. I HAVE ONGOING LITIGATION ON THIS ISSUE, AND HAVE BEEN TRYING TO OBTAIN PROPERLY FITTED BOOTS SINEC ARRIVING IN THE STATE SYSTEM IN 2011. YOUR ASSISTANCE IS GREATLY APPRICIATED. THANKS IN ADVANCE.

Communications / Case Actions

3/10/2021 10:48:52 AM : (a196744) wrote

Form has been submitted

3/16/2021 9:29:55 AM : (Robert Zilles) wrote

You will be evaluated by Ms. Babb today to decide the appropriate footwear for you medical needs.

3/16/2021 9:30:02 AM : (Robert Zilles) wrote

Closed inmate form

3/29/2021 11:52:58 AM : (Michael Jenkins) wrote

Re-Opened inmate form

3/29/2021 11:53:08 AM : (Michael Jenkins) wrote

Closed inmate form

Manual Fill-In[illegible]

Ref# TOCI1020002319	Housing:A1W0011	Date Created:10/20/2020
ID#: A196744	Name:ALFORD,BRIAN	
Form:Kite	Subject:Unit 1	Description:Unit Manager
Urgent:No	Time left:n/a	Status:Closed

Original Form

10/20/2020 12:46:31 PM : (a196744) wrote

MS ABBOTT: ON 10-15-20 DR LAWRENCE PORTER M.D. DIAGNOSED ME AS HAVING NERVOUS PATHY (NUMBNESS IN MY TOES, FEET) FROM AN UNKNOWN ORIGIN AND HAS REQUESTED ORTHOPEDIC BOOTS BE ORDERED. THE MOST RECENT GYM SHOES I ORDERED ARE CONTRIBUTING TO THIS PROBLEM AND ARE USELESS. IN THE FUTURE I WILL NEED TO PURCHASE ORTHOPEDIC GYM SHOES IN SIZE 12-3E FROM AMAZON.COM WHO PROVIDES A WIDER SELECTION FOR MY NEEDS. COULD YOU NOTIFY PACKAGE ROOM THAT I WILL BE ORDERING FROM AMAZON.COM INSTEAD OF HITCHCOCK SHOES IN THE FUTURE? THANKS IN ADVANCE FOR YOUR ASSISTANCE.

Communications / Case Actions

10/20/2020 12:46:31 PM : (a196744) wrote

Form has been submitted

10/22/2020 8:16:59 AM : (Penney Abbott) wrote

we discussed this yesterday

10/22/2020 8:17:03 AM : (Penney Abbott) wrote

Closed inmate form

Manual Fill-In

[illegible]

Inmate Reasonable Accommodation Request ADA Coordinator's Action

Type of ADA Issue

☒ Program, Service, or Activity Access (not requiring structural modification)

☒ Auxiliary Aid or Device Requested **BOOTS - Size 12 EEE**

☐ Other: _____

☐ Physical Access (requiring structural modification)

Discussion of findings and basis of recommendation: A196744 ALFORD, BRIAN is requesting size 12 EEE boots, or at least the ability to purchase them. After conferring with medical, it was determined that the offender accepted a pair of boots from the medical department on 2/21/2018 (see attached medical equipment permit). The offender contends that the size was not appropriate. The offender is still in possession of said footwear, and must address sizing issues with the department that permitted issuance or submit an informal complaint.

Did you verify disability with medical staff? ☐ Yes ☒ No

Explain how inmate's disability was verified: Request was determined to have been addressed via ToCI's medical staff.

Recommendation Submitted by:

Date Inmate Was interviewed: 10/16/2018	Signature: <i>ADA Coordinator Joshua Gajewski</i>
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Recommendation: ☐ Grant ☒ Deny ☐ Partially Grant

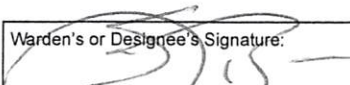
Note: *If disposition is based upon information provided by other staff or other resources, specify the resources and the information provided. If the request is granted, specify the process by which the modification or accommodation will be provided, with time frames if appropriate.*

Warden's Section

☐ Recommendation Approved

☒ Recommendation Not Approved

Comments: Inmate to address with medical staff

Warden's or Designee's Signature: 	Date Signed: 12/6/18	Date Returned to Inmate: 12/10/18
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State of Ohio Department of Rehabilitation and Correction Inmate Reasonable Accommodation Request

Institution: TOLEDO CORRECTIONAL	Date: 10/16/2018
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In processing this request, verification will be made that the inmate has a disability that is covered under the Americans With Disabilities Act.

Inmate Name (Print): ALFORD, BRIAN KEITH	Number: A196744	Housing Assignment: A1/W/0014
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- * In accordance with the provisions of the Americans With Disabilities Act (ADA), no qualified individual with a disability shall, on the basis of disability, be excluded from participation in, or be denied the benefits of the services, activities, or programs of a public entity or be subjected to discrimination.
- * You may use this form to request a specific reasonable accommodation which, if granted, would enable you to participate in a service, activity or program offered by the department or institution, for which you are otherwise qualified and eligible to participate.
- * Submit this completed form to the institution's ADA Coordinator for inmates. A decision will be rendered within 10 working days of receipt at the ADA Coordinator's office, unless further investigation is warranted, and the completed form will be returned to you.
- * If you do not agree with the decision on this form, you may pursue further review by appealing to the Special Needs Assessment Committee in care of the central office ADA Coordinator for inmates.

Modification or Accommodation Requested

Description of Disability: SCOLIOSIS, DEGENERATIVE SPINE DISORDER, LATTICE HOLES IN BOTH RETINAS), IMPAIRED VISION AND BALANCE

Do you have any verification of your disability? If so, please attach copies. SPINAL DISORDER AND INJURIES IN MEDICAL FILE, EYE INFORMATION ATTACHED.

What specific accommodation is requested? Explain how the accommodation will enable you to participate in a program, activity or service offered by the Department or Institution. REQUEST PERMISSION TO PURCHASE SIZE 12EEE BOOTS FOR STABILITY AND SUPPORT, AND FOR CIRCULATION PROBLEMS WITH MY FEET. (SEE MEDICAL RECORDS, BOOT INFORMATION, FBOP RELEASE INFORMATION, FBOP MEDICAL BOOT AUTHORIZATION AND PURCHASE

Inmate Signature:	Date Signed:
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Ref# TOCI1218000168	Housing:A1W0014	Date Created:12/10/2018
ID#: A196744	Name:ALFORD,BRIAN	
Form:Appeal	Subject:Warden	Description:Other
Urgent:No	Time left:n/a	Status:Closed

Original Form

12/10/2018 7:20:46 PM : (a196744) wrote

ON 10-16-18 I SUBMITTED AN INMATE REASONABLE ACCOMMODATION REQUEST FOR PROPERLY FITTED FOOTWEAR WHICH ARE MEDICALLY REQUIRED (SIZE 12-EEE), AND SUBMITTED ADDITIONAL INFORMATION ON 11-19-18 TO ADA COORDINATOR GAJEWSKI. ON 12-10-18 YOU DENIED MY REQUEST AND ADVISED I MUST ADDRESS SIZING ISSUES WITH THE MEDICAL DEPARTMENT OR SUBMIT AN INFORMAL COMPLAINT. PURSUANT TO THE NOTICE ISSUED BY ED VOORHIES - MANAGEMENT DIRECTOR ON 6-7-18 I FALL WITHIN THE GRANDFATHER CLAUSE SINCE I CAME INTO THE SYSTEM WITH MEDICALLY APPROVED BOOTS AD THEY WERE PURCHASED PRIOR TO THE NOTICE OF 6-7-18. I THEREFORE REQUEST PERMISSION TO PURCHASE PROPERLY FITTED BOOTS FROM HICHTCOCK SHOES WHIC PROVIDES SIZE 12-EEE FOOTWEAR AT MY EXPENSE, AS THE BOOT ARE NEEDED FOR BALANCE AND PROBLEMS ASSOCIATED WITH MY SPINE (SCOLYOSIS, DEGENERATIVE SPINE DISEASE, SPINAL INSURIES,VISION ISSUES), SINCE MANDAMUS IS PENDING IN LUCAS COUNTY 8TH APPELATE DISTRICT FOR PUBLIC RECORDS REQUEST IN CASE NO G-4801-CL-0201801133-000 (NOTICE OF COUNSEL JARED S YEE-AG OFFICE).

Communications / Case Actions

12/10/2018 7:20:46 PM : (a196744) wrote

Form has been submitted

12/17/2018 12:59:22 PM : (Sean Bowerman) wrote

The boots you state you were in possession of were grandfathered. The memo also explains that no boots of that type will be ordered any longer. You will need to work with medical to address the size issue as you stated. We are attempting to provide you with access to accommodate said conditions. Restricted boots will not be ordered unless specifically ordered by medical after being advised of the security concerns. below is the memo

To: ODRC Offenders

From: Ed Voorhies, Managing Director

Date: June 7th, 2018

Re: Restriction on Inmate Boots

Effective immediately, offenders are NO LONGER authorized to purchase any type of boots from the package vendors. ODRC is placing a restriction statewide due to security concerns. Those who fall under any of the following categories will have their boots considered "grandfathered":

- Any inmate who has purchased boots, and can provide proof of legitimate purchase, from one of the package vendors prior to the date on this memo
- Any inmate who came into the system with boots
- Any inmate who purchased or received boots prior to the implementation of the approved vendors

Those inmates who meet the any of the following criteria will have their "grandfathered" boots confiscated and given the option to destroy or mail home, if they can provide proof of legitimate ownership:

- Inmates with a security classification of level 3 or higher, and who are found guilty by the RIB for ANY offense.
 - Those offenders classified as security levels 1 and 2 who are found guilty by the RIB for ANY violent/drug offenses
- Inmates with qualifying disabilities under the American with Disabilities Act will be appropriately accommodated. Those inmates with job assignments that require boots to be worn will have boots provided by the institution. Inmates with job assignments that require "safety boots" to be worn will store their boots in a secure area within their work area designated by the institution. Ohio Penal Industries (OPI) currently supplies the safety boots required for the inmates working in their shops across the state and will continue to do so.

Questions regarding the implementation of this prohibition should be directed to Unit Staff.

12/17/2018 12:59:29 PM : (Sean Bowerman) wrote

Closed inmate form

12/18/2018 7:41:39 PM : (a196744) wrote

Escalated to Grievance

Ref# TOCI1218000168	Housing:A1W0014	Date Created:12/10/2018
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12/18/2018 7:41:39 PM : (a196744) wrote

MEDICAL STAFF AT TOCI HAVE BEEN UNSUCCESSFUL IN MEETING MY MEDICAL NEEDS FOR PROPERTY FITTED BOOTS, AS WHEN I WAS TOLD BY AHCA BARKER EARLIER THIS YEAR THAT MY BOOTS WOULD BE MADE TO ORDER AFTER SIZE 124E WERE INITIALLY ORDERED, (SIZE 12TRIPPLE E) SINCE THEY WERE NOT A COMMON SIZE, I WAS STILL ISSUED THE WRONG SIZE (SIZE 12E) (SEE KITE RESPONSE 1-8-18 MS. BARKER - AHCA). REQUEST PERMISSION TO ORDER MEDICALLY APPROED BOOTS FROM HITCHCOCK SHOES, INC. WHICH PROVIDE PROPERLY FITTED SHOES.

1/2/2019 7:07:06 AM : (System) wrote

Closed inmate form

1/2/2019 8:34:12 AM : (Derek Burkhart) wrote

Re-Opened inmate form

1/2/2019 8:34:28 AM : (Derek Burkhart) wrote

Additional time is needed to review

1/14/2019 11:17:44 AM : (Derek Burkhart) wrote

Your concern has been previously addressed in complaint TOCI0318000369 and therefore, will not be responded to in accordance with AR 5120-9-31 (E). Please be advised that your improper use of the grievance procedure may result in restricted access in accordance with AR 5120-9-31(E).

1/14/2019 11:17:48 AM : (Derek Burkhart) wrote

Closed inmate form - Disposition: Denied

1/16/2019 4:49:19 PM : (a196744) wrote

Case Appealed.

1/16/2019 4:49:19 PM : (a196744) wrote

ON 10-16-18 I MADE A REASONABLE REQUEST FRO ADA ACCOMMODATION TO ADA COORDINATOR GAJEWSKI FOR PROPERLY FITTED FOOTWEAR (SIEX 12EEE) DUE TO SCOLYOSIS DEGENERATIVE SPINE DISORDER LATTICE IN BOTH RETINAS, AND IMPARED VISION AND IMBALANCE. ON 11-19-18 I PROVIDED ADA GAJEWSKI WITH ADDITIONAL INFORMATION I SUPPORT OF MY REQUEST. HWOEVER, ON 10-16-18 ADA GAJWESKI RECOMENDED DENIAL OF MY REQUEST AND REQUESTED THAT I ADDRESS SIZING ISSUE WITH EMDICAL STAFF OR FILE AN INFORMAL COMPLAINT. ON 12-10-18 THE WARDEN DENIED MY REQUEST, YET NO APPEAL WAS GIVEN FOR APPEAL TO COLUMBUS. I THEN FILED AN INFORMAL COMPLAINT WHICH WAS DENIED, AND I APPEAL THAT DECISION. ON APPEAL, INSPECTOR THREATENED TO RESTRICT MY USE OF THE GRIEVANCE PROCEDURES FOR VALID GRIEVANCE, CLEARLY IN VIOLATION OF THE FIRST AMENDMENT TO THE UNITED STATES CONSTITUTION. REQUEST REVIEW OF MY ADA REQUEST BY CENTRAL OFFICE LEGAL SERVICES.(SEE ATTACHMENTS)

1/31/2019 7:54:38 AM : (System) wrote

Closed inmate form

2/4/2019 1:33:23 PM : (Kelly Riehle) wrote

Re-Opened appealed inmate form

2/4/2019 1:34:34 PM : (Kelly Riehle) wrote

The Office of the Chief Inspector is in receipt of your Appeal; a thorough review of your appeal has been completed that included the application of the following factors:

- Procedural requirements
- Proper investigation of your grievance
- Applicable policies, procedures, administrative rules, directives and ODRC operating manuals
- Documentation and related evidence
- Information presented in your appeal

Based on the aforementioned review, this office AFFIRMS the decision rendered by the Inspector.

Comments:

K. Riehle

Assistant Chief Inspector

2/4/2019 1:34:53 PM : (Kelly Riehle) wrote

Closed appealed inmate form - Disposition: Affirmed

Ref# TOCI0119000478	Housing:A1W0014	Date Created:01/29/2019
ID#: A196744	Name:ALFORD,BRIAN	
Form:Appeal	Subject:Warden	Description:Other
Urgent:No	Time left:n/a	Status:Closed

Communications / Case Actions

1/29/2019 1:43:42 PM : (Derek Burkhart) wrote

(This communication was created by Derek Burkhart, ID# 27833 on behalf of the inmate.)

1/29/2019 1:43:42 PM : (Derek Burkhart) wrote

Due to an error on the JPay system, certain complaints have been sent to an appealed bucket and are unable to be responded by staff. This complaint was created in reference to the previous complaint filed by inmate under TOCI1218000168.

(Informal Complaint) ALFORD BRIAN, #a196744 wrote: 12/10/2018 7:20 PM

ON 10-16-18 I SUBMITTED AN INMATE REASONABLE ACCOMMODATION REQUEST FOR PROPERLY FITTED FOOTWEAR WHICH ARE MEDICALLY REQUIRED (SIZE 12-EEE), AND SUBMITTED ADDITIONAL INFORMATION ON 11-19-18 TO ADA COORDINATOR GAJEWSKI. ON 12-10-18 YOU DENIED MY REQUEST AND ADVISED I MUST ADDRESS SIZING ISSUES WITH THE MEDICAL DEPARTMENT OR SUBMIT AN INFORMAL COMPLAINT. PURSUANT TO THE NOTICE ISSUED BY ED VOORHIES - MANAGEMENT DIRECTOR ON 6-7-18 I FALL WITHIN THE GRANDFATHER CLAUSE SINCE I CAME INTO THE SYSTEM WITH MEDICALLY APPROVED BOOTS AD THEY WERE PURCHASED PRIOR TO THE NOTICE OF 6-7-18. I THEREFORE REQUEST PERMISSION TO PURCHASE PROPERLY FITTED BOOTS FROM HICHTCOCK SHOES WHIC PROVIDES SIZE 12-EEE FOOTWEAR AT MY EXPENSE, AS THE BOOT ARE NEEDED FOR BALANCE AND PROBLEMS ASSOCIATED WITH MY SPINE (SCOLYOSIS, DEGENERATIVE SPINE DISEASE, SPINAL INSURIES,VISION ISSUES), SINCE MANDAMUS IS PENDING IN LUCAS COUNTY 8TH APPELATE DISTRICT FOR PUBLIC RECORDS REQUEST IN CASE NO G-4801-CL-0201801133-000 (NOTICE OF COUNSEL JARED S YEE-AG OFFICE).

(Informal Complaint) Sean Bowerman wrote: 12/17/2018 12:59 PM

The boots you state you were in possession of were grandfathered. The memo also explains that no boots of that type will be ordered any longer. You will need to work with medical to address the size issue as you stated. We are attempting to provide you with access to accommodate said conditions. Restricted boots will not be ordered unless specifically ordered by medical after being advised of the security concerns. below is the memo

To: ODRC Offenders

From: Ed Voorhies, Managing Director

Date: June 7th, 2018

Re: Restriction on Inmate Boots

Effective immediately, offenders are NO LONGER authorized to purchase any type of boots from the package vendors., ODRC is placing a restriction statewide due to security concerns. Those who fall under any of the following categories will have their boots considered "grandfathered":

- Any inmate who has purchased boots, and can provide proof of legitimate purchase, from one of the package vendors prior to the date on this memo
- Any inmate who came into the system with boots
- Any inmate who purchased or received boots prior to the implementation of the approved vendors

Those inmates who meet the any of the following criteria will have their "grandfathered" boots confiscated and given the option to destroy or mail home, if they can provide proof of legitimate ownership:

- Inmates with a security classification of level 3 or higher, and who are found guilty by the RIB for ANY offense.
 - Those offenders classified as security levels 1 and 2 who are found guilty by the RIB for ANY violent/drug offenses
- Inmates with qualifying disabilities under the American with Disabilities Act will be appropriately accommodated. Those inmates with job assignments that require boots to be worn will have boots provided by the institution. Inmates with job assignments that require "safety boots" to be worn will store their boots in a secure area within their work area designated by the institution. Ohio Penal Industries (OPI) currently supplies the safety boots required for the inmates working in their shops across the state and will continue to do so.

Questions regarding the implementation of this prohibition should be directed to Unit Staff.

Ref# TOCI0119000478	Housing:A1W0014	Date Created:01/29/2019
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(Informal Complaint) Sean Bowerman - Closed inmate form, 12/17/2018 12:59 PM

(Grievance) ALFORD BRIAN #a196744 - Escalated to Grievance, 12/18/2018 07:41 PM

(Grievance) ALFORD BRIAN, #a196744 wrote: 12/18/2018 7:41 PM
MEDICAL STAFF AT TOCI HAVE BEEN UNSUCCESSFUL IN MEETING MY MEDICAL NEEDS FOR PROPERTY FITTED BOOTS, AS WHEN I WAS TOLD BY AHCA BARKER EARLIER THIS YEAR THAT MY BOOTS WOULD BE MADE TO ORDER AFTER SIZE 124E WERE INITIALLY ORDERED, (SIZE 12TRIPPLE E) SINCE THEY WERE NOT A COMMON SIZE, I WAS STILL ISSUED THE WRONG SIZE (SIZE 12E) (SEE KITE RESPONSE 1-8-18 MS. BARKER - AHCA). REQUEST PERMISSION TO ORDER MEDICALLY APPROED BOOTS FROM HITCHCOCK SHOES, INC. WHICH PROVIDE PROPERLY FITTED SHOES.

(Grievance) System - Closed inmate form, 01/02/2019 07:07 AM

(Grievance) Derek Burkhardt - Re-Opened inmate form, 01/02/2019 08:34 AM

(Grievance) Derek Burkhardt wrote: 1/2/2019 8:34 AM
Additional time is needed to review

(Grievance) Derek Burkhardt wrote: 1/14/2019 11:17 AM
Your concern has been previously addressed in complaint TOCI0318000369 and therefore, will not be responded to in accordance with AR 5120-9-31 (E). Please be advised that your improper use of the grievance procedure may result in restricted access in accordance with AR 5120-9-31(E).

(Grievance) Derek Burkhardt - Closed inmate form - Disposition: Denied, 01/14/2019 11:17 AM

(Grievance) ALFORD BRIAN #a196744 - Case Appealed., 01/16/2019 04:49 PM

(Grievance) ALFORD BRIAN, #a196744 wrote: 1/16/2019 4:49 PM

Ref# TOCI0119000478	Housing:A1W0014	Date Created:01/29/2019
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ON 10-16-18 I MADE A REASONABLE REQUEST FRO ADA ACCOMMODATION TO ADA COORDINATOR GAJEWSKI FOR PROPERLY FITTED FOOTWEAR (SIEX 12EEE) DUETO SCOLYOSIS DEGENERATIVE SPINE DISORDER LATTICE IN BOTH RETINAS, AND IMPARED VISION AND IMBALANCE. ON 11-19-18 I PROVIDED ADA GAJEWSKI WITH ADDITIONAL INFORMATION I SUPPORTOF MY REQUEST. HWOEVER, ON 10-16-18 ADA GAJWESKI RECOMENDED DENIAL OF MY REQUEST AND REQUESTED THAT I ADDRESS SIZING ISSUE WITH EMDICAL STAFF OR FILE AN INFORMAL COMPLAINT. ON 1210-18 THEWARDEN DENIED MY REQUEST, YET NO APPEAL WAS GIVEN FOR APPEALTO COLUMBUS. I THEN FILED AN INFORMAL COMPLAINT WHICH WAS DENIED, AND I APPEAL THAT DECISION. ON APPEAL, INSPECTOR THREATENED TO RESTRICT MY USE OF THE GRIEVANCE PROCEDURES FOR VALID GRIEVANCE, CLEARLY IN VIOLATION OF THE FIRST AMENDMENT TO THE UNITED STATES CONSTITUTION. REQUEST REVIEW OF MY ADA REQUEST BY CENTRAL OFFICE LEGAL SERVICES.(SEE ATTACHMENTS)

2/4/2019 1:35:59 PM : (Kelly Riehle) wrote
This matter addressed in TOCI 1218000168.
K. Riehle

2/4/2019 1:36:30 PM : (Kelly Riehle) wrote
Closed inmate form

Ref# TOCI0321001177	Housing:A2W0001	Date Created:03/10/2021
ID#: A196744	Name:ALFORD,BRIAN	
Form:Kite	Subject:Unit 1	Description:Unit Manager
Urgent:No	Time left:n/a	Status:Closed

Original Form

3/10/2021 3:47:42 PM : (a196744) wrote

MA'AM: MS. ABBOTT, FOR FEAR OF BEIING REDUNDANT, I SPOKE BRIEFLY WITH MS. KROGGEL TODAY ABOUT BOOTS BEING APPROVED FOR ORDER BY DR. PORTER AND SHE ADVISED FOR YOU TO SEND HER AN E-MAIL REGARDING SAME, THAT SHE WOULD CONFIRM WITH PACKAGE ROOM THAT BOOTS ARE APPROVED. THANKS IN ADVANCE.

Communications / Case Actions

3/10/2021 3:47:42 PM : (a196744) wrote

Form has been submitted

3/11/2021 7:51:16 AM : (Penney Abbott) wrote

I will not Boots are NOT approved.

3/11/2021 7:51:21 AM : (Penney Abbott) wrote

Closed inmate form

Manual Fill-In

A2W1

Ref# TOCI0321001008	Housing:A2W0001	Date Created:03/09/2021
ID#: A196744	Name:ALFORD,BRIAN	
Form:Kite	Subject:Unit 1	Description:Unit Manager
Urgent:No	Time left:n/a	Status:Closed

Original Form

3/9/2021 3:19:43 PM : (a196744) wrote

MS ABBOTT: I UNDERSTAND. PLEASE INFORM THEM THAT I WILL IN FACT BE ORDERING IN ABOUT THREE WEEKS FROM HITCHCOCK SHOES. THANKS AGAIN!

Communications / Case Actions

3/9/2021 3:19:43 PM : (a196744) wrote

Form has been submitted

3/9/2021 3:32:15 PM : (Penney Abbott) wrote

ok

3/9/2021 3:32:20 PM : (Penney Abbott) wrote

Closed inmate form

Manual Fill-In

Ref# TOC10321000974	Housing:A2W0001	Date Created:03/09/2021
ID#: A196744	Name:ALFORD,BRIAN	
Form:Kite	Subject:Unit 1	Description:Unit Manager
Urgent:No	Time left:n/a	Status:Closed

Original Form

3/9/2021 1:17:25 PM : (a196744) wrote

YES MA'AM: MS. ABBOTT, CAN YOU NOTIFY PACKAGE ROOM I AM GOING TO BE ORDERING MEDICALLY APPROVED FOOTWEAR IN ABOUT THE NEXT TWO TO THREE WEEKS? INSTEAD OF PURCHASING FROM AMAZON, I WILL BE PURCHASING FROM HITCKCOCK SHOES, AGAIN. THE ORDER WILL BE FOR MEDICALLY APPROVED BOOTS SIZE 12-3E (6 INCH , NON-SAFETY TOE), SIZE 12-4E GYMS SHOES, AND SIZE 12-4E SHOWER SHOES. I HAVE COMMUNICATION FROM MEDICAL ADVISING TO GO THROUGH UNIT STAFF FOR THIS PURPOSE. THANKS!

Communications / Case Actions

3/9/2021 1:17:25 PM : (a196744) wrote

Form has been submitted

3/9/2021 1:50:25 PM : (Penney Abbott) wrote

You CAN NOT order Boots. If you need boots then they need to be ordered thru medical.

3/9/2021 1:51:33 PM : (Penney Abbott) wrote

Closed inmate form

Manual Fill-In

[illegible]

Ref# TOCI0221001616	Housing:A2W0001	Date Created:02/17/2021
ID#: A196744	Name:ALFORD,BRIAN	
Form:Appeal	Subject:Health Care	Description:Co-pay
Urgent:No	Time left:n/a	Status:Closed

Original Form

2/17/2021 8:39:39 PM : (a196744) wrote

TODAY YOU DEDUCTED A 2.00 SO-PAY FOR A VIST ON 2-11-21 FOR CHRONIC CARE ISSUE. KINDLY REVERSE THE CHARGE, AS THIS IS THE SECOND TIME THIS HAS HAPPENED, AND IT IS IN VIOLATION OF THE UNITED STATES CONSTITUTION.

Communications / Case Actions

2/17/2021 8:39:39 PM : (a196744) wrote

Form has been submitted

2/19/2021 9:08:45 AM : (Robert Zilles) wrote

Mr. Alford after reviewing your medical chart the charge is appropriate and will stand. 68 Med 01.

2/19/2021 9:08:49 AM : (Robert Zilles) wrote

Closed inmate form

2/19/2021 1:44:37 PM : (a196744) wrote

Escalated to Grievance

2/19/2021 1:44:37 PM : (a196744) wrote

THE MEDICAL CO-PAY DEDUCTION FOR ISSUES RELATING TO MY EYES IS A CHONIC CARE ISSUE. THEREFORE, THE DEDUCTION IS INAPPROPRIATE AND PREVENTS LEGAL MAIL FROM BEING PROCESSED THAT WAS SENT TO UNTIT STAFF WHICH HAS OBVIOUSLY NOT BEEN DEDUCTED FROM MY ACCOUNT WITH A 0.00 BALANCE. THIS IS THE SECOND TIME THIS HAS HAPPENED.

3/4/2021 3:41:36 PM : (Michael Jenkins) wrote

This office is in receipt of Notification of Grievance Case TOCI0221001616 submitted by Inmate Alford A196-744 In your grievance, you say that on 12-23-2020 you were charged a \$2.00 Co-Pay payment for a chronic care issue and should not have been charged.

During my investigation I have review your complaint. I have reviewed the response from PA3 Zilles. I have reviewed policy 68-Med-01 Medical Services and Administrative Rule 5120-9-31 – The inmate Grievance Procedure.

Offender Alford A196744 I have reviewed the complaint. You were seen in medical for a nurses sick call on 02-11-2021. Understand that you will not be charged a co-pay for a Covid-19 related issue, Chronic Care , seeing the Dr for a issue but will be charged Co-pay for a routine HSR (\$2.00) and (\$3.00) for a unscheduled non-emergency. You were charged accordingly and documented on your IDS.31-2020 as verified on your Inmate Demand Statement.

Your Grievance is Denied-No violation of policy, procedure or law

This office will take no further action concerning this matter.

This ends Disposition of Grievance TOCI0221001616

3/4/2021 3:41:53 PM : (Michael Jenkins) wrote

Closed inmate form - Disposition: Denied

3/4/2021 6:11:15 PM : (a196744) wrote

Escalated to Appeal

3/4/2021 6:11:15 PM : (a196744) wrote

THIS ISSUE WAS IN FACT A CHRONIC-CARE ISSUE, AS I AM ON CHRONIC CARE FOR DAMAGES TO MY EYES IN 2014 REQUIRING MULTIPLE SURGERIES, AS WELL AS CHRONIC-CARE FOR ALLERGIC REACTION TO NINE (9) ALERGIN: DUST, MOLD, RAGWEED, POLLEN, WOOL, TOBACCO, TOBACCO SMOKE, GRASS AND ONE OTHER ALLERGIN, THEREFORE, THE 2.00 CO-PAY WAS INAPPROPRIATE AND SHOULD BE REVERSED.

3/12/2021 1:57:47 PM : (karen stanforth) wrote

Affirmed.

The Office of the Chief Inspector has reviewed your concern about an inappropriate co-pay charge and found that the staff followed the ODRC guidelines set forth in 68-MED-15 since your complaint was about itchy eyes and sinus. These issues are not directly related to your Cardiac/HTN and Liver CCC problems. Therefore, there will be no further action concerning this appeal at this time.

Karen Stanforth, Assistant Chief Inspector, Medical

3/12/2021 1:57:55 PM : (karen stanforth) wrote

Closed inmate form - Disposition: Affirmed with comments

Manual Fill-In

Ref# TOCI0221001616	Housing:A2W0001	Date Created:02/17/2021
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Ref# TOC10320002009	Housing:A1W0014	Date Created:03/24/2020
ID#: A196744	Name:ALFORD,BRIAN	
Form:Appeal	Subject:Health Care	Description:Unprofessional conduct
Urgent:No	Time left:n/a	Status:Closed

Original Form

3/24/2020 10:51:27 AM : (a196744) wrote

TODAY 3-24-20 WHIEL BEING EXAIMINED BY DR VENTOSA AND CARAVELLA, FOR CHRONIC CARE AND ISSUES RELATED TO NO DOCUMENTATION I N BEING PRESENT IN MY MEDICAL FILE REGARDIGN EXPOSURE TO HAZARDOUS WASTE SINCE 2013, IT WAS REQUESTED THAT MY BLOOD PRESSURE BE TAKEN AGAIN DUE TO ELIVATION. HOWEVER, SEVERAL STAFF NURSES WERE SNIKERING AND SHAKING THEIR HEADS REGARDING DR. CARAVELLA'S REQUEST. UPON EXITING MEDICAL, A MALE STAFF PERSON IN THE OFFICE LAUGHED AND YELLED OUT "FOURTEEN MORE TIMES, HEY ALFORD, HOLD UP". DEALING WITH SUCH NPROFESSIONAL BEAVIOR ONLY EXACTERBATES MY MEDICAL ISSUES. PEASE ADDRESS THIS IMPORTANT ISSUE.

Communications / Case Actions

3/24/2020 10:51:27 AM : (a196744) wrote

Form has been submitted

3/30/2020 6:12:04 PM : (Dennis Seger) wrote

I will look into this and once I find out the details I will get back to you

3/31/2020 10:21:38 PM : (System) wrote

Closed inmate form

4/1/2020 4:36:01 AM : (Michael Jenkins) wrote

Re-Opened inmate form

4/1/2020 4:36:19 AM : (Michael Jenkins) wrote

Closed inmate form

4/5/2020 1:43:12 PM : (a196744) wrote

Escalated to Grievance

4/5/2020 1:43:12 PM : (a196744) wrote

DUE TO NO DOCUMENTATION IN MY OSU MEDICAL FILES REGARDING EXPOSURE TO REFRIGERANTS WHILE AT LEBANON CORRECTIONAL, I WANT VERIFICATION THAT THIS INFORMATION IN LOCATED IN MY ODRC MEDICAL FILES. ALSO, IN THINKING BACK ONE OF THE FOUR INDIVIDUALS IN THE OFFICE MAKING SNIDE REMARKS WAS IN FACT D. SEGER. REQUEST THAT THIS INFORMATION BE THOUGHLY INVESTIGATED AND APPROPRIATE ACTION TAKEN.

4/20/2020 5:42:12 AM : (System) wrote

Closed inmate form

4/20/2020 6:36:52 AM : (Michael Jenkins) wrote

Re-Opened inmate form

5/1/2020 10:01:49 AM : (System) wrote

Closed inmate form

5/1/2020 11:32:10 AM : (Michael Jenkins) wrote

Re-Opened inmate form

5/3/2020 10:07:27 AM : (Michael Jenkins) wrote

Extend-Inspector needs additional time to investigate

5/4/2020 10:10:20 AM : (System) wrote

Closed inmate form

5/4/2020 10:14:03 AM : (Michael Jenkins) wrote

Re-Opened inmate form

5/4/2020 10:14:09 AM : (Michael Jenkins) wrote

Extend-Inspector needs additional time to review

5/5/2020 10:42:47 PM : (Michael Jenkins) wrote

Extend-Inspector needs additional time to review

Ref# TOCI0320002009	Housing:A1W0014	Date Created:03/24/2020
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5/7/2020 4:02:22 AM : (Michael Jenkins) wrote
Extend-Inspector needs additional time to review

5/8/2020 10:16:52 AM : (System) wrote
Closed inmate form

5/8/2020 12:46:48 PM : (Michael Jenkins) wrote
Re-Opened inmate form

5/8/2020 12:47:16 PM : (Michael Jenkins) wrote
Extend-Inspector needs additional time to investigate

5/11/2020 10:24:33 AM : (System) wrote
Closed inmate form

5/11/2020 12:22:38 PM : (Michael Jenkins) wrote
Re-Opened inmate form

5/11/2020 12:22:45 PM : (Michael Jenkins) wrote
Extend-Inspector needs additional time to investigate

5/11/2020 4:19:27 PM : (Michael Jenkins) wrote
Extend-Inspector needs additional time to investigate

5/18/2020 3:17:51 AM : (Michael Jenkins) wrote
Extend-Inspector needs additional time to investigate

5/19/2020 10:41:37 AM : (System) wrote
Closed inmate form

5/19/2020 11:25:55 AM : (Michael Jenkins) wrote
Re-Opened inmate form

5/19/2020 11:26:02 AM : (Michael Jenkins) wrote
Extend-Inspector needs additional time to investigate

5/21/2020 10:46:20 AM : (System) wrote
Closed inmate form

5/21/2020 12:00:14 PM : (Michael Jenkins) wrote
Re-Opened inmate form

5/30/2020 9:35:54 PM : (Michael Jenkins) wrote
Extend-Inspector needs additional time to investigate

6/2/2020 6:55:44 AM : (Michael Jenkins) wrote
Extend-Inspector needs additional time to investigate

6/3/2020 11:15:11 AM : (System) wrote
Closed inmate form

6/3/2020 11:59:23 AM : (Michael Jenkins) wrote
Re-Opened inmate form

6/17/2020 3:41:20 PM : (Michael Jenkins) wrote

This office received your grievance TOCI03200002009 submitted by Inmate Alford A196744. In your grievance, you state that there is no documentation in your file regarding exposure to hazardous waste since 2013 and that medical staff were snickering and laughing and saying 14 more times hold up Alford.

During my investigation, I have reviewed your complaint, Medical file, I have reviewed HCA Segar response spoke to have review Administrative Rule 5120-9-31 – the inmate grievance procedure.

Ref# TOCI0320002009	Housing:A1W0014	Date Created:03/24/2020
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Offender Alford you clearly state that there is nothing in your medical file regarding exposure to hazardous exposure back in 2013 at Lebanon. You later go on to say if there is anything in your file back in 2013 regarding exposure in Lebanon. This is clearly an issue where you need to have medical to review your file. As far as medical staff snickering I have informed the HCA supervisor and the allegations simply cannot be substantiated. Understand that medical staff may mention your name as you are in the area and their medical duties require them to both inquire and research medical information. Please have HCA Segar as he has informed you to do so. Please follow the medical plan of action you have been provided.

Your grievance is denied - no violation of rule, policy, or law.

This office will take no further action regarding this matter.

This ends disposition of Grievance TOCI0320002009

6/17/2020 3:42:25 PM : (Michael Jenkins) wrote

Closed inmate form - Disposition: Denied

6/17/2020 4:58:20 PM : (a196744) wrote

Escalated to Appeal

6/17/2020 4:58:20 PM : (a196744) wrote

THE INSPECTOR'S CONCLUSION CLEARLY IS OFF POINT. I STATED THAT DUE TO THE FACT MY OSU MEDICAL FILES DO NOT SHOW EXPOSURE TO HAZARDOUS WASTE, THAT I NEED VERIFICATION THAT IN FACT THIS INFORMATION IS CONTAINED WITHIN MY ODRC MEDICAL FILES. IN ADDITION, THE ISSUES RELATING TO UNPROFESSIONAL BEHAVIOR BY MEDICAL STAFF DID IN FACT INVOLVE HCA D. SEGAR. AND RELATED TO MEDICAL STAFF TRYING TO SECOND GUESS THE DOCTORS REQUEST TO RETAKE MY BLOOD PRESSURE, AND DISMAY A MOCKERY OF THE DOCTOR'S REQUEST. MY BLOOD PRESSURE WAS VERY HIGH THAT DAY, UNDOUBTEDLY DUE TO MEDICAL STAFFS UNPROFESSIONAL ACTIONS. REQUEST A THOROUGH INVESTIGATION INTO THESE ISSUES IN A TIMELY MANNER.

6/25/2020 8:30:45 AM : (karen stanforth) wrote

Modified with Additional Response Required.

A review of your concern shows that your initial IFC was not addressed by the HCA or designee which demonstrates non-compliance with Ohio Administrative Rule 5120-9-31. Therefore I am Modifying this appeal with a request for Inspector Jenkins to contact Dennis Seger for an IFC complaint response, followed by his review and investigation no later than July 10, 2020. The findings of this request should be forwarded to the Office of the Chief Inspector for inclusion with this appeal.

Karen Stanforth, Assistant Chief Inspector, Medical

6/25/2020 8:31:08 AM : (karen stanforth) wrote

Closed inmate form - Disposition: Modified with additional response required

Medical Services Treatment Pass

Institution:	ToCI	Name:	Alford
Number:	196744	Lock:	A1E14
1. Start Treatment Date:		4/13/2018	
2. Stop Treatment Date:		4/13/2018	

<input type="checkbox"/> B/P	<input type="checkbox"/> 0630
<input type="checkbox"/> DSC	<input type="checkbox"/> 0800
<input type="checkbox"/> TX	<input type="checkbox"/> 1000
<input type="checkbox"/> LAB	<input type="checkbox"/> 1130
<input type="checkbox"/> IM	<input type="checkbox"/> 1300
<input type="checkbox"/> X-Ray	<input type="checkbox"/> 1630
<input type="checkbox"/> EKG	<input type="checkbox"/> 1700
<input type="checkbox"/> Meds	<input type="checkbox"/> 2000
<input checked="" type="checkbox"/> Other: NSC	<input checked="" type="checkbox"/> Other: 0930

3. You are required to have identification in order to receive medication. Failure to honor this pass may result in disciplinary action.

Nurse's Signature: P. Schumacher, RN

Medical Services Treatment Pass

Institution:	ToCI	Name:	Alford
Number:	196744	Lock:	A1E14
1. Start Treatment Date:		5/7/2018	
2. Stop Treatment Date:		5/7/2018	

<input type="checkbox"/> B/P	<input type="checkbox"/> 0630
<input type="checkbox"/> DSC	<input type="checkbox"/> 0800
<input type="checkbox"/> TX	<input type="checkbox"/> 1000
<input type="checkbox"/> LAB	<input type="checkbox"/> 1130
<input type="checkbox"/> IM	<input type="checkbox"/> 1300
<input type="checkbox"/> X-Ray	<input type="checkbox"/> 1630
<input type="checkbox"/> EKG	<input type="checkbox"/> 1700
<input type="checkbox"/> Meds	<input type="checkbox"/> 2000
<input checked="" type="checkbox"/> Other: NSC	<input checked="" type="checkbox"/> Other: 0830

3. You are required to have identification in order to receive medication. Failure to honor this pass may result in disciplinary action.

Nurse's Signature: M. Mathews, RN
DRC 5259 (10/15)

INSIDE PASS ONLY

TOCI

Per Medical
9:00AM

Report Time: ~~6:00AM~~

Pass Date: 09-MAY-18

Last Name: ALFORD

Id: A196744

Lock: A1/E/0014

Job: RECREATION AIDE

Destination: Mandatory DSC - Babb

Issued By: SPECIAL SERVICES

[Signature] 8:50AM
Issued By Time
[Signature]
Dismissed By Time

Inmate Pass

Institution:	ToCI	Date:	
Inmate Name:	Alford	Inmate No.:	196744
Works:	—	Lock/Unit:	A1E14
Destination:		Medical	
Time Issued:	10:00 AM	Officer/Staff:	<u>[Signature]</u> 9:51AM

Health Services Request

Petición Para Servicios de Salud

Reviewed by:	
Date Received:	Time Received: a.m./p.m.

Date Of Request: Fecha:	4-11-18
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Inmate Name: Nombre:	ALFORD	Number: Numero:	A196744	Housing Unit: Unidad:	A1-E14
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Request for: ☒ Medical Care Atención Médica ☐ Dental Care Atención Dental ☐ Medication Reorder Reordenar Medicación ☐ Medication Refill Rellenar la Medicación

Nature of problem/
Descripción del problema: (RIGHT EYE VISION WORSE, REQUEST REFERRAL TO SPECIALIST AND REMOVAL OF CATARACT, REPAIR TEAL IN LASERED AREA OF RIGHT EYE AND FIND OUT REASON FOR PAIN, DISCOMFORT, FLASHES IN LEFT EYE)

2 (STILL WAITING TO SEE DIETITIAN PER DR. BISLER'S REQUEST ON 3-22-18 FOR HIGH FIBER DIET)

Place This Slip In Medical Request Box Or Designated Area

Ponga en la Caja de Peticiones Medicas en Area Designada

DRC 5373 (Rev. 08/07)

Health Services Request

Petición Para Servicios de Salud

Reviewed by:	
Date Received:	Time Received: a.m./p.m.

Date Of Request: Fecha:	5-3-18
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Inmate Name: Nombre:	ALFORD	Number: Numero:	A196744	Housing Unit: Unidad:	A1-E14
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Request for: ☒ Medical Care Atención Médica ☐ Dental Care Atención Dental ☐ Medication Reorder Reordenar Medicación ☐ Medication Refill Rellenar la Medicación

Nature of problem/
Descripción del problema: (1) LEFT EYE VISION DISTORTED, BLURRY, DIZZY
(2) RIGHT EYE VISION MUCH WORSE, MORE FLIMMERS
(3) VISION BAD EVEN WITH GLASSES AT TIMES

Place This Slip In Medical Request Box Or Designated Area

Ponga en la Caja de Peticiones Medicas en Area Designada

DRC 5373 (Rev. 08/07)

CLERK OF COURT: 2010 MAY 29 3:40 PM-1047000020

Health Services Request

Petición Para Servicios de Salud

For Medical Use Only / Para Uso Medico Solamente

Reviewed by:

Date Received:

Time Received:

a.m./p.m.

Date Of Request:
Fecha: 6.24.18

Inmate Name:
Nombre: ALFORD

Number:
Numero: A196744

Housing Unit:
Unidad: A1-E14

Request for: ☒ Medical Care ☐ Dental Care ☐ Medication Reorder ☐ Medication Refill
Atención Medica Atención Dental Reordenar Medicación Rellenar la Medicación

Nature of problem: 1) ATHLETE FOOT, CRACKING FEET
Descripción del problema:

2) LES PAIN, PAIN & TINGLES IN FINGERS - LEFT HAND, ARM

3) PAIN IN LEFT EYE, VISION DISTORTED

4) SNEEZING, COUGHING (ALLERGIES)

Place This Slip In Medical Request Box Or Designated Area
Ponga en la Caja de Peticiónes Medicas en Area Designada



	X	Other:	X
B/P		0630	
DSC		0800	
TX		1000	
LAB		1130	
IM		1300	
X-Ray		1630	
EKG		1700	
Meds		2000	
NSC		0900	

Nurse's Signature: M. Matthews, RN

DRC 5259 (10/15)

Ref# TOCI0720001803	Housing:A1W0014	Date Created:07/21/2020
ID#: A196744	Name:ALFORD,BRIAN	
Form:Grievance Against the Warden	Subject:Warden	Description:Violation of Administrative Rule
Urgent:No	Time left:n/a	Status:Closed

Original Form

7/21/2020 1:49:31 PM : (a196744) wrote

ON 7-20-20 I REQUESTED TO BE TESTED FOR COVID-19 THROUGH HEALTH SERVICES, AND WAS INFORMED THAT NO TESTING OF INMATE POPULATION IS BEING DONE FOR ACTIVE COVID-19 OR ANTIBODY TESTING TO LEARN HOW MANY HAVE BEEN EXPOSED IN THE PAST. HOWEVER, IN JANUARY 2020 I A CERTAIN I WAS EXPOSED TO THE VIRUS DUE TO EXHIBITING THE SYMPTOMS: COLD CHILLS, SWEATING, VOMITTING, DIARRHEA COUGHING, LOSS OF TASTE AND SMELL, BODY ACHES, YET THE DIAGNOSIS WAS PURPORTEDLY THE FLU. AFTER BEING DENIED FOLLOWUP TREATMENT I LATER WAS INFECTED WITH AN AUUPER RESPIRATORY AND EAR INFECTION, REQUIRING ANTIBIOTICS. ON 7-20-20 THE WARDEN APPROVED LEVEL-3 DECREASE IN SPIKE OF MY HEALTH CRISIS HEP-C, DAMAGE TO MY EYES FOLLOWING EXPOSURE TO HAZARDOUS WASTE AT LEBANON CORRECTIONAL INSTITUTION. THESE LIFE THREATENING ILLNESS PLACE ME IN FURTHER THREAT OF OF IMMIMENT DANGER OF DEATH OR SERIOUS BODILY HARM IN VIOLATION OF THE EHGTH AND FOURTEENTH AMENDMENTS TO THE U.S CONSTITUTION. A SEPARATE APPEAL IS BEING UTILIZED REGARDING THE CLASSIFICATION DATED 7-20-20, HOWEVER, WITH THE RISE IN 85% OF THE STATES IN COVID-19, THE WARDEN IS PLACING ME IN FURTHER THREAT OF IMMIMENT DANGER OR SERIOUS BODILY HARM.

Communications / Case Actions

7/21/2020 1:49:31 PM : (a196744) wrote

Form has been submitted

7/22/2020 8:11:14 AM : (Roger Wilson) wrote

Upon review of your complaint and administrative rule 5120-9-31, I find the requirement to show the warden was personally and knowingly involved in a violation of law, rule or policy, or personally and knowingly approved or condoned such a violation has not been met.

The decision to adjust certain operational functions was made by the Director of ODRC in response to COVID-19 to help ensure the safety and security of incarcerated individuals, visitors and staff in accordance with Ohio Revised Code 5120.01. The Managing Officer has the authority and discretion to implement operational changes unique to their institution in response to the COVID-19 pandemic. The issue you have raised in your use of the Inmate Grievance Procedure is one associated with an adjusted operational function and therefore, is denied in accordance with Administrative Rule 5120-9-31.

7/22/2020 8:11:24 AM : (Roger Wilson) wrote

Closed inmate form - Disposition: Denied

Ref# TOC11220000901	Housing:A2W0001	Date Created:12/09/2020
ID#: A196744	Name:ALFORD,BRIAN	
Form:Appeal	Subject:Health Care	Description:Disagree with diagnosis/treatment
Urgent:No	Time left:n/a	Status:Closed

Original Form

12/9/2020 9:31:14 AM : (a196744) wrote

ON 12-08-20 I WAS EXAMINED AT NURSES SICK CALL FOR THE SECOND HSR I SUBMITTED SINCE 11-24-20 REGARDING SINUS INFECTION, UPPER-RESPIRATORY INFECTION, AND BLADDER INFECTION. NURSE WEBBER WAS NOT CONCERNED WITH THE SINUS AND UPPER-RESPIRATORY INFECTIONS, NEVER EXAMINED MY NOSE, THROAT, OR LUNGS, HAD ME ANSWER A BARAGE OF QUESTIONS, DROP A URINE TO CHECK FOR BLADDER INFECTION, AND GAVE ME ALLERGY MEDS AND TYLENOL AND SAID I COULD LEAVE. HE INFORMED IF THE URINE TEST WAS POSITIVE HE WOULD CONSULT WITH DR PORTER FOR ANTIBIOTICS. HOWEVER, WHAT ABOUT MY OTHER SYMPTOMS WHICH WILL ONLY GET WORSE IF DR. PORTER DOES NOT ORDER ANTI-BIOTICS AS EARLIER THIS YEAR.?

Communications / Case Actions

12/9/2020 9:31:14 AM : (a196744) wrote

Form has been submitted

12/15/2020 9:51:12 AM : (Robert Zilles) wrote

You were evaluated by Nurse Weber and a plan of care was provided to you. If you are still having symptoms or issues as stated please follow the process and submit a health service request for evaluation/ follow up. 68 Med-01.

12/15/2020 9:51:20 AM : (Robert Zilles) wrote

Closed inmate form

12/16/2020 9:44:03 AM : (a196744) wrote

Escalated to Grievance

12/16/2020 9:44:03 AM : (a196744) wrote

NURSE WEBER'S ACTIONS VIOLATE THE EIGHTH AMENDMENT TO THE UNITED STATES CONSTITUTION. MY MEDICAL HISTORY WITH KNOWN ALLERGENS: DUST, MOLD, MILDEW, RAGWEED, POLLEN, TOBACO, TOBACO SMOKE, GRASS, WOOL. THEREFORE, DUE TO PROBLEMS WITH SINUS, EARS, AND UPPER-RESPIRATORY INFECTIONS AT LEAST ONCE PER YEAR, I SHOULD HAVE BEEN REFERRED TO DR PORTER AUTOMATICALLY FOR FURTHER ASSESSMENT. REQUEST THAT NURSE WEBER BE REMOVED FROM ODRC AS THIS IS THE THIRD INCIDENCE OF DELIBERATE INDIFFERENCE TO MY SERIOUS MEDICAL NEEDS.

12/16/2020 10:32:17 AM : (Michael Jenkins) wrote

This office is in receipt of Notification of Grievance Case TOC11220000901 submitted by Inmate Alford A196744. In your grievance you state that Nurse Webber wasn't concerned with Sinus, respiratory issues, bladder infection. your nose, throat, lungs, Urine test and wouldn't consult with Dr. Porter.

During my investigation I have reviewed your complaint. I have reviewed the response from Monitor Zilles. I have reviewed policy 68-Med-01 Medical Services and Administrative Rule 5120-9-31 – The inmate Grievance Procedure. Offender Alford A196744 I have reviewed your complaint. You were seen by medical Rn. Weber on 12-08-2020. You were assessed amid a variety of concerns which you have listed above Sinus, upper respiratory infections, and many more concerns. Answering questions is part of the assessment process. You were given a urine test which has a negative result thus ruling out a bladder infection. You were issued Tylenol and Claritin. All evidence I see shows a thorough medical assessment and addressing multiple concerns. You were provided a Plan of Care and directed to follow-up with an HSR for further evaluation. Offender Alford with RN being a registered nurses they are trained and experienced when medical consult is necessary with other ALP. Understand that with the Covid-19 pandemic medical visits are limited specifically to what would be considered matters of a emergency nature. Please follow the medical plan provided. Your Grievance is Denied-No violation of law, procedure or process

This office will take no further action concerning this matter.

TOC11220000901 is closed

12/16/2020 10:32:24 AM : (Michael Jenkins) wrote

Closed inmate form - Disposition: Denied

12/16/2020 10:36:36 AM : (Michael Jenkins) wrote

Re-Opened inmate form

12/16/2020 10:37:39 AM : (Michael Jenkins) wrote

This office is in receipt of Notification of Grievance Case TOC11220000901 submitted by Inmate Alford A196744. In your grievance you state that Nurse Webber wasn't concerned with Sinus, respiratory issues, bladder infection. your nose, throat, lungs, Urine test and wouldn't consult with Dr. Porter.

During my investigation I have reviewed your complaint. I have reviewed the response from Monitor Zilles. I have reviewed

Ref# TOC11220000901	Housing:A2W0001	Date Created:12/09/2020
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Offender Alford A196744 I have reviewed your complaint. You were seen by medical Rn.Weber on 12-08-2020.You were assessed amid a variety of concerns which you have listed above Sinus, upper respiratory infections, and many more concerns. Answering questions is part of the assessment process. You were given a urine test which has a negative result thus ruling out a bladder infection. You reported no Covid-19 symptoms. You were issued Tylenol and Claritin. All evidence I see shows a thorough medical assessment and addressing multiple concerns. You were provided a Plan of Care and directed to follow-up with an HSR for further evaluation. Offender Alford with RN being a registered nurses they are trained and experienced when medical consult in necessary with other ALP. Understand that with the Covid-19 pandemic medical visits are limited specifically to what would be considered matters of a emergency nature. Please follow the medical plan provided.

Your Grievance is Denied-No violation of law, procedure or process

This office will take no further action concerning this matter.

TOC11220000901 is closed

12/16/2020 10:37:45 AM : (Michael Jenkins) wrote

Closed inmate form - Disposition: Denied

12/17/2020 9:20:49 AM : (a196744) wrote

Escalated to Appeal

12/17/2020 9:20:49 AM : (a196744) wrote

DO DATE, I STILL SUFFER FROM THE DELIBERATE INDIFFERENCE TO MY SERIOUS MEDICAL NEEDS BY NURSE WEBER THE SYMPTOMS REMAIN THE SAME, THIS IS MERELY TO EXHAUST ADMIN REMEDIES.

1/17/2021 10:35:57 AM : (Roger Wilson) wrote

This case is being extended to permit time for an adequate response by this office.

2/9/2021 1:58:12 PM : (karen stanforth) wrote

Affirmed.

A review of your medical file confirms you were seen by Nurse Weber on 12/8/20 and you reported concerns about a sinus infection and also a bladder infection. Your vital signs were normal, you demonstrated no additional signs of fever or acute illness and your urine test was negative for infection.

You expressed concern over an exacerbation of your chronic sinusitis and denied any covid-like symptoms of sore throat, chills, cough, N/V or loss of taste/smell. You also had no urinary symptoms that would indicate a urinary tract infection. Your plan of care included Acetaminophen 325mg 1-2 tabs PO every 4 hours PRN for fever >101 - 10 tabs given, CTM 1 tab twice daily for 3 days PO PRN for nasal congestion/drainage/sneezing - 6 tabs given, and you were referred to the commissary for OTC comfort medication. You were also given OTC Claritin/Zyrtec for sinus drainage to use with CTM tabs and instructed on Hand Hygiene, Cough etiquette, Increase fluids, Medication side effects. You were also advised to report to the clinic if no improvement and you did submit another HSR and were seen on 12/21/20 by a different nurse and provided the same plan of care along with an appointment to DSC since you experienced no improvement.. Two days later on 12/23/20 you were seen by a physician who reported that you feel that you have an exacerbation of chronic allergic rhinitis. Your pulse ox was normal today at 97% as it was on 12/8/20. Since your illness is allergic in nature the physician stated he would not use antibiotic at this time, but felt you would benefit from continuous nasal steroid spray, (Nasacort 55 mcg per spray, start 2 sprays each nostril QD total 220 mcg daily, back off if improved). Since Nasacort continues to be unavailable at commissary, the doctor made a prior authorization request and you were given chlorpheniramine 8 tabs, Loratidine package of 10 tabs, and the doctor reported that he will email commissary to allow refill of Zyrtec at this time while waiting for the Nasacort approval. You were also advised to report fever/purulent coryza/worse sinus pain to the clinic if you notice deterioration of your condition with these issues..

Based on this review there will be no further action concerning your treatment as there are no indications you have been treated with deliberate indifference or negligence concerning this issue. The staff have followed the ODRC guidelines set forth in 68-MED-01.

Karen Stanforth, Assistant Chief Inspector, Medical

2/9/2021 1:58:25 PM : (karen stanforth) wrote

Closed inmate form - Disposition: Affirmed with comments

Manual Fill-In

Ref# TOC1220001280	Housing:A2W0001	Date Created:12/12/2020
ID#: A196744	Name:ALFORD,BRIAN	
Form:Kite	Subject:Health Care	Description:Health Care
Urgent:No	Time left:n/a	Status:Closed

Original Form

12/12/2020 3:25:02 PM : (a196744) wrote

DR. PORTER: I COMPLETED TWO HEALTH CARE REQUESTS FOR UPPER RESPIRATORY, SINUS INFECTIONS, AND BLADDER INFECTION. THE FIRST WAS SENT 11-24-20 AND MY APPOINT WITH YOU WAS PURPORTEDLY CANCELLED. MY SECOND HSR WAS PASSED FOR 12-8-20 HOEVER, NURSE WEBBER NEVER EXAMINED MY SINUSES, LUNGS, AND STATED IT WAS NOT A GREAT CONCERN TO HIM. YOU ARE WELL AWARE OF MY HISTORY WITH SUNUS, EAR, AND UPPPER-RESPIRATORY AILMENTS THAT HAVE ONLY BEEN OVERCOME WITH ANTIBIOTICS/PENICILLIN TREATMENT, AS RECENTLY AS JANUARY OR FEBRUARY OF THIS YEAR. WHY MUST I HAVE TO SUFFER FROM DDELIBERATE INDIFFERENCE TO MY SERIOUS MEDICAL NEEDS? I WAS ONLY GIVEN ALLERGY MEDICATION AND TYLINOL, AND INFORMED THAT IF MY URINE SAMPLE WAS POSITIVE I WOULD HEAR FROM MEDICAL LATER. THIS IS IN CLEAR VIOLATION OF THE UNITED STATES CONSTITUTION. PLEASE CORRECT IT.

Communications / Case Actions

12/12/2020 3:25:02 PM : (a196744) wrote

Form has been submitted

12/15/2020 9:58:22 AM : (Robert Zilles) wrote

Please see previous response.

12/15/2020 9:58:27 AM : (Robert Zilles) wrote

Closed inmate form

Manual Fill-In

[illegible]

Ref# TOCI0221000945	Housing:A2W0001	Date Created:02/11/2021
ID#: A196744	Name:ALFORD,BRIAN	
Form:Appeal	Subject:Health Care	Description:Medication
Urgent:No	Time left:n/a	Status:Closed

Original Form

2/11/2021 1:37:50 PM : (a196744) wrote

DOCTOR PORTER WROTE AN ORDER FOR NASACORT AND IT WAS DENIED BECAUSE THEY NOW SELL IT IN COMMISSARY FOR 11.29. I HAVE CHRONIC ALLERGIES TO :RAGWEED, POLLEN, DUST, MOLD, MILDEW, GRASS, TOBACCO, TOBACCO SMOKE, WOOL FOLLOWING TESTING IN COLUMBUS WHICH REQUIRED ACTUAL SHOTS MONTHLY. BECAUSE THIS IS A CHRONIC ILLNESS WHICH IS LEFT UNTREATED CAN RESULT IN UPPER-RESPIRATORY INFECTIONS, SINUS INFECTIONS, EAR INFECTIONS REQUIRING ANTIBIOTICS/PENNISILIM, WHY MUST I BE REQUIRED TO PAY FOR MEDICATION TO TREAT? I DON'T PAY FOR MEDICATION FOR CHRONIC HYPERTENSION!! THIS IS IN CLEAR VIOLATION OF THE EIGHTH AMENDMENT OF THE UNITED STATES CONSTITUTION AND MUST BE CORRECTED. SPECIFICALLY IN LIGHT OF THE COVID-19 EPIDEMIC.

Communications / Case Actions

2/11/2021 1:37:50 PM : (a196744) wrote

Form has been submitted

2/18/2021 3:12:34 PM : (Robert Zilles) wrote

Your request was sent to Columbus and was denied. You can buy this medication from commissary. Please purchase the following medication from commissary.

2/18/2021 3:12:39 PM : (Robert Zilles) wrote

Closed inmate form

2/18/2021 7:04:03 PM : (a196744) wrote

Escalated to Grievance

2/18/2021 7:04:03 PM : (a196744) wrote

THIS IS A CLEAR VIOLATION OF THE EIGHTH AMENDMENT TO THE UNITED STATES CONSTITUTION. MY ALLERGIES ARE CHRONIC CARE TREATMENT AND I SHOULD NOT BE REQUIRED TO PAY 11.29 FOR NASAL MEDICATION FOR A CHRONIC ISSUE.

3/4/2021 11:57:50 AM : (Michael Jenkins) wrote

This office is in receipt of Notification of Grievance Case TOCI0221000945 submitted by Alford A196-744 In your grievance, you Dr.Porter wrote an order for Nasacort and now you have to pay for medication which is wrong and violation of your rights.

During my investigation I have review your complaint. I have reviewed the response from PA3 Zilles. I have reviewed policy 68-Med-01 Medical Services and Administrative Rule 5120-9-31 – The inmate Grievance Procedure.

AlfordA196744 I have reviewed the complaint. I have reviewed your response from PA3 Zilles and when you were last seen in medical regarding the above mentioned complaint. Well Columbus has reviewed the request and made a decision for this medication and since it is an over the counter it has been decided to purchase from commissary. So I have reviewed the commissary listing and it appears the medicine Trimcinolone Nasacort is currently \$11.29 so make sure that you manage your funds accordingly. I see that you spent \$30.00 on 02-10-2021 and then \$31.00 on 02-17-2021. You also receive \$18.00 monthly in state pay.

Your Grievance is Denied-No violation of policy, procedure or law

This office will take no further action concerning this matter.

This ends Disposition of Grievance TOCI0221000945

3/4/2021 11:57:57 AM : (Michael Jenkins) wrote

Closed inmate form - Disposition: Denied

3/4/2021 6:14:19 PM : (a196744) wrote

Escalated to Appeal

3/4/2021 6:14:19 PM : (a196744) wrote

REGARDLES OF THE AMOUNT I SPENT IN THE PAST, I HAVE FEDERAL FILING DEDUCTIONS ADND CHILD DEDUCTIONS. IN ADDITION, MY ALLERGIES ARE A CHRONIC-CARE ISSUE ADN THE STATE MUST PROVIDE ADEQUATE TREATMENT FOR CHRONIC-CARE ISSUES. THIS IS IN CLEAR VIOLATION OF THE EIGHTH AMENDMENT TO THE UNITED STATES CONSTITUTION

3/18/2021 12:50:12 PM : (karen stanforth) wrote

Affirmed.

The Office of the Chief Inspector has reviewed your concern and the Nascort can be purchased over-the-counter while your blood pressure medication is a prescribed drug that can only be dispensed through a licensed pharmacy. Only

Ref# TOCI0221000945

Housing:A2W0001

Date Created:02/11/2021

Karen Stanforth, Assistant Chief Inspector, Medical

3/18/2021 12:50:20 PM : (karen stanforth) wrote

Closed inmate form - Disposition: Affirmed with comments

Manual Fill-In

Ref# TOCI0818000556	Housing:A1W0014	Date Created:08/31/2018
ID#: A196744	Name:ALFORD,BRIAN	
Form:Grievance	Subject:Health Care	Description:Health Care
Urgent:No	Time left:n/a	Status:Closed

Original Form

8/31/2018 7:34:19 AM : (a196744) wrote

THERE HAS BEEN A SERIOUS PROBLEM WITH HEPATITIS A INFECTIONS I OHIO SINCE THE BEGINNING OF 2018. SINCE AROUND THAT TIME I HAVE BEEN EXPERIENCING TWO OF THE SYMPTOMS - NAUSEA AND STOMACH PAIN, AND HAVE BEEN SEEN BY MEDICAL STAFF FOR THESE CONDITIONS YET HAVE NOT BEEN IMMUNIZED AGAINST THIS DISEASE IN SPITE OF BEING AFFECTED WITH HEPATITIS C SINCE 2003. REQUEST TESTING ASAP THIS DISEASE IN SPITE OF MEETING NONE OF THE RISK FACTORS, EXCEPT BEING INCARCERATED.

Communications / Case Actions

8/31/2018 7:34:19 AM : (a196744) wrote

Form has been submitted

9/5/2018 3:19:07 PM : (Robert Zilles) wrote

You have been previously vaccinated with the Hep A vaccine on 9/28/12 and 4/12/13. You are currently up to date and have no need at this time for another vaccination. Please follow up with medical if you are still having issues. 68 Med 01.

9/5/2018 3:19:12 PM : (Robert Zilles) wrote

Closed inmate form

9/8/2018 5:47:54 PM : (a196744) wrote

Escalated to Grievance

9/8/2018 5:47:54 PM : (a196744) wrote

DUE TO THE OUTBREAK OF HEPATITIS A IN THE AREA IT IS IMPORTANT TO BE TESTED FOR THIS DISEASE BECAUSE OF MY EXPOSURE TO HEPATITIS C. REQUEST TO BE TESTED FOR HEP-A.

9/22/2018 7:42:42 AM : (Derek Burkhart) wrote

This office is in receipt of Notification of Grievance Case TOCI 08-18-000556 submitted by Inmate Alford A-196744. In your grievance, you state due to the alleged amount of Hepatitis A in the institution, you are requesting to be tested. During my investigation, I have reviewed your complaint. I have spoken to HCA Zilles. I have reviewed policy 68-MED-01 - Medical Services and Administrative Rule 5120-9-31-Inmate Grievance Procedure. I have found that as HCA Zilles stated, you have been previously vaccinated with the Hep A vaccine on 9/28/12 and 4/12/13. At this time, there is not a need for additional vaccination or testing. You may submit a health service request if you have a concern that you feel needs addressed.

Your grievance is denied – no violation of rule, policy, or law. This office will take no further action concerning this matter.

This ends Disposition of Grievance TOCI 08-18-000556.

9/22/2018 7:42:48 AM : (Derek Burkhart) wrote

Closed inmate form - Disposition: Denied

Ref# TOCI0219000328	Housing:A1W0014	Date Created:02/23/2019
ID#: A196744	Name:ALFORD,BRIAN	
Form:Appeal	Subject:Food Service	Description:Unsanitary cooking conditions
Urgent:No	Time left:n/a	Status:Closed

Original Form

2/23/2019 5:21:19 PM : (a196744) wrote

TODAY I WAS INFORMED THAT HUMAN WASTE WAS FOUND IN THE DISH MACHINE SOMETIME AFTER THE MORNING MEAL, THAT THE SUPERVISOR WAS NOTIFIED YET PROPER PROCEDURES WERE NOT FOLLOWED TO DISINFECT THE DISH MACHINE. THIS IS THE FOURTH TIME FECAL WASTE WAS OBSERVED IN THE DISH MACHINE OR ON FOOD TRAYS AND PROPER PROCEDURES WERE NOT FOLLOWED TO ENSURE THAT SAEFTY MEASURES TO PREVENT INFECTIOUS CONTAMINATION WERE ADMINISTERED.

Communications / Case Actions

2/23/2019 5:21:19 PM : (a196744) wrote

Form has been submitted

2/27/2019 11:53:02 AM : (Dane Sigworth) wrote

We are aware that on Saturday 2.23 it was noted that there was an unknown substance discovered on a tray in the Seg prep line area. It was observed per surveillance and Aramark Mgmt confirmation that this tray was not washed through the dish machine. Food Service Sanitization Equipment is compliant as the correct procedures were utilized and the standards for properly cleaning and sanitizing items has not been compromised as the high heat rinse of 180F kills all bacteria. Furthermore, the dish machine has been sanitized, de-limed and cleaned with disinfecting components several times to ensure there are no issues moving forward. Thanks.

2/27/2019 11:53:08 AM : (Dane Sigworth) wrote

Closed inmate form

2/28/2019 7:08:58 AM : (a196744) wrote

Escalated to Grievance

2/28/2019 7:08:58 AM : (a196744) wrote

THE UNKNOWN SUBSTANCE YOUARE REFERRING TO WAS IN FACT HUMAN WASTE, AND HAS BEEN PRSENT IN TRAYS COMING FROM 4A BLOCKS IN THE PAST. YOUR ASSUMPTION THAT 180 DEGREE WATER KILLS ALL BACTERIA IS A FALICY. AS OF 8-30-18 AND 7-17-18 ODRC AS BEEN NOTIFYING OFFENDERS VIA JPAY THAT AN OUTBREAK OF HEPATITIS A HAS TAKEN PLACE IN OHIO. HUMAN WASTE IS ONE WAY THAT THIS DISEASE IS PASSED. THE PRACTICES UTILIZED BY YOU ARE UNSANITARY AND COULD CONTRIBUTE TO SERIOUS ILLNESS, EVEN DEATH AND ARE THEREFORE UNACCEPTABLE.

3/11/2019 1:34:25 PM : (Derek Burkhardt) wrote

This office is in receipt of Notification of Grievance Case TOCI 02-19-000328 submitted by Inmate Alford A-196744. In your grievance, you state you were informed that feces was found on a tray and the dish machine was not decontaminated correctly.

During my investigation, I have reviewed your complaint. I have reviewed camera footage. I have spoken to DWSS Henderson, Mr. Sigworth, Ms. Albain, and Captain Gross. I have reviewed policy 10-SAF-13 – Infectious Waste Management, policy 60-FSM-02 – Food Service Operations and Administrative Rule 5120-9-31 – the inmate grievance procedure.

I have found that you only know what you were told by other inmates. You were not present for this incident nor do you work in the chow hall. There is no verified evidence to support that the item found on the tray initially went through the dish machine. It is believed this item was planted on a tray at a time after the dishes were already run through the dish machine. It is very likely that had this item been on the tray prior to going through the dish machine that it would have either been noticed by the inmate putting the dishes on the machine or the inmate taking the dishes off the machine. A meeting was held by DWSS Henderson with Mr. Dillon of Aramark who confirmed that the temperature of the dish machine water being 180 degrees or more would kill any bacteria inside the dish machine. The tray that was found with the item was discarded along with approximately 20 other trays that were anywhere near this. The remaining trays were re-run through the dish machine as a precautionary measure. Procedure was followed appropriately, and matters were handled in compliance with code.

Your Grievance is denied – no violation of rule, policy, or law. This office will take no further action concerning this matter.

This ends Disposition of Grievance TOCI 02-19-000328

3/11/2019 1:34:31 PM : (Derek Burkhardt) wrote

Closed inmate form - Disposition: Denied

3/11/2019 1:54:29 PM : (a196744) wrote

Escalated to Appeal

Ref# TOCI0219000328	Housing:A1W0014	Date Created:02/23/2019
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3/11/2019 1:54:29 PM : (a196744) wrote

ON THREE OTHER INSTANCES, TRAYS HAVE BEEN SENT BACK FROM 4B PODS WITH HUMAN WASTE ON THEM AND RUN THROUGH THE DISHMACHINE. INMATES HAVE THROWN THE TRAYS AWAY, AND THE TRAYS WERE REMOVED FROM THE TRASH AND RUN THROUGH THE DISH MACHINE WITH ONLY 180 WATER. WITH THE OUTBREAK OF HEP A IN OHIO - SPECIFICALLY WITHIN THE PRISON SYSTEM PER J PAY NOTICES ON 7-17-18 AND 8-30-18, ASSURING PROPER SANITIZATION OF TRAYS, ETC. FOLLOWING CONTAMINATION IS A MUST - ESPECIALLY FOR SOMEONE LIKE MYSELF WHO WAS CONTAMINATED WITH HEP C FOLLOWING A BLOOD TRANSFUSION IN 1983 DURING SURGERY AT FORT LEWIS WASHINGTON WHILE IN THE MILITARY DUE TO NO SCREENING OF BLOOD AT THAT TIME.I TAKE THIS ISSUE VERY SERIOUSLY, AND THE INFORMATION CAME DIRECTLY FROM INMATES WORKING WITHIN FOOD SERVICE WHO WITNESSED THESE INCIDENTS. REQUEST THAT EACH EMPLOYEE BE REMOVED FROM ODRC WHO WAS RESPONSIBLE FOR THESE VIOLATIONS.

3/12/2019 7:59:17 AM : (Kelly Riehle) wrote

The Office of the Chief Inspector is in receipt of your Appeal; a thorough review of your appeal has been completed that included the application of the following factors:

- Procedural requirements
- Proper investigation of your grievance
- Applicable policies, procedures, administrative rules, directives and ODRC operating manuals
- Documentation and related evidence
- Information presented in your appeal

Based on the aforementioned review, this office AFFIRMS the decision rendered by the Inspector.

Comments: Your complaint is based on hearsay and no actual knowledge of the alleged incident.

K. Riehle

Assistant Chief Inspector

3/12/2019 7:59:26 AM : (Kelly Riehle) wrote

Closed inmate form - Disposition: Affirmed

Patient: ALFORD, BRIAN Patient ID: A196744 DOB: 4/10/1957 Gender: M

Inst ID: WCI Current Lock: 2 C C 230U Draw Date/Time: 7/22/2014 12:00:00 AM@

fold back here

fold forward here

Your test results were evaluated by an Advanced Level Provider as follows:

- ☐ Your test result is essentially within normal limits. No Advanced Level Provider follow-up is required.
- ☐ Your test result remains unchanged and will be reviewed with you at your next chronic care clinic appointment.
- ☐ Your test result is not within normal limits. Further studies/tests are required and have been scheduled for you. You will receive further information on these studies/tests at a later date.
- ☐ Your test result is not within normal limits. Adjustments to the medication(s) you have been taking and education are needed. Please bring your medication(s) with you to your appointment.

*Follow-up Nurse's Sick Call Appointment on: _____

☒ Your test result is not within normal limits. You will be scheduled to discuss the results with the Advanced Level Provider, as new medication(s) or interventions may be required. Please bring your medication(s) with you to your appointment.

*Follow-up Doctor's Sick Call Appointment on: chronic care

Ohio Department of Rehabilitation and Correction

Date Logged: 7/22/2014

Date Logged: 7/22/2014

Patient: ALFORD, BRIAN Patient ID: A196744 DOB: 4/10/1957 Gender: M

Inst ID: WCI Current Lock: 2 C C 211L Draw Date/Time: 10/30/2014 12:00:00 AM@07:12

fold back here

fold forward here

Your test results were evaluated by an Advanced Level Provider as follows:

☐ Your test result is essentially within normal limits. No Advanced Level Provider follow-up is required.

☒ Your test result remains unchanged and will be reviewed with you at your next chronic care clinic appointment.

☐ Your test result is not within normal limits. Further studies/tests are required and have been scheduled for you. You will receive further information on these studies/tests at a later date.

☐ Your test result is not within normal limits. Adjustments to the medication(s) you have been taking and education are needed. Please bring your medication(s) with you to your appointment.

*Follow-up Nurse's Sick Call Appointment on: _____

☐ Your test result is not within normal limits. You will be scheduled to discuss the results with the Advanced Level Provider, as new medication(s) or interventions may be required. Please bring your medication(s) with you to your appointment.

*Follow-up Doctor's Sick Call Appointment on: _____

Patient: ALFORD, BRIAN Patient ID: A196744 DOB: 4/10/1957 Gender: M

Inst ID: WCI Current Lock: 1 B B 158L Draw Date/Time: 7/15/2015 12:00:00 AM@06:55

fold back here

fold forward here

Your test results were evaluated by an Advanced Level Provider as follows:

☐ Your test result is essentially within normal limits. No Advanced Level Provider follow-up is required.

☐ Your test result remains unchanged and will be reviewed with you at your next chronic care clinic appointment.

☒ Your test result is not within normal limits. Further studies/tests are required and have been scheduled for you. You will receive further information on these studies/tests at a later date.

☐ Your test result is not within normal limits. Adjustments to the medication(s) you have been taking and education are needed. Please bring your medication(s) with you to your appointment.

*Follow-up Nurse's Sick Call Appointment on: _____

☐ Your test result is not within normal limits. You will be scheduled to discuss the results with the Advanced Level Provider, as new medication(s) or interventions may be required. Please bring your medication(s) with you to your appointment.

*Follow-up Doctor's Sick Call Appointment on: _____

KITE PROCEDURE

1. Check with your Sergeant or Case Manager to see if this communication can be handled without a kite.
2. Write only to the Department that handles the problem you have. Others will merely forward your kite.
3. State your problems clearly and completely and thereby get immediate attention.
4. Avoid duplication of Kites, Writing to more than one office about the same thing will not obtain any faster attention.
5. Kites are to be used only for communication between inmates and Institutional Staff and not for any other purpose.

Number: A196744	Name: Alford, Brian Keith	Date: 1-5-16
Unit: 1B	Lock: 146	Assignment:
To:		
Issued By (Staff Member Signature):		

FOLD HERE		
CASE MANAGER	WARDEN	QUARTERMASTER
CLASSIFICATION	DEPUTY WARDEN ADMINISTRATION/ SPECIAL SERVICES/ PROGRAMS	RECORDS
COMMISSARY		RECOVERY SERVICES
DENTAL USE HEALTH SERVICES REQUEST FORM, DRC5373 TO ACCESS DENTAL CARE	DEPUTY WARDEN OPERATIONS	RECREATION
MEDICAL USE HEALTH SERVICES REQUEST FORM, DRC5373 TO ACCESS MEDICAL CARE	INST. INSPECTOR	RELIGIOUS SERVICES
	INVESTIGATOR	UNIT MANAGER _____
	JOB COORDINATOR	EDUCATION
	LIBRARY	FOOD SERVICE
MAJOR MENTAL HEALTH	MAIL ROOM	OTHER _____

DRC 2005 (Rev.02/13)

KITE PROCEDURE

1. Check with your Sergeant or Case Manager to see if this communication can be handled without a kite.
2. Write only to the Department that handles the problem you have. Others will merely forward your kite.
3. State your problems clearly and completely and thereby get immediate attention.
4. Avoid duplication of Kites, Writing to more than one office about the same thing will not obtain any faster attention.
5. Kites are to be used only for communication between inmates and Institutional Staff and not for any other purpose.

Your test results were evaluated by an Advanced Level Provider as follows:

- () Your test result is essentially within normal limits. No Advanced Level Provider follow-up is required.
- ☒ Your test result remains unchanged and will be reviewed with you at your next Chronic Care Clinic appointment.
- () Your test result is not within normal limits. Further studies/tests are required and have been scheduled for you. You will receive further information on these studies/tests at a later date.
- () Your test result is not within normal limits. Adjustments to the medication(s) you have been taking and education are needed. Please bring your medication(s) with you to your appointment.

***Follow-up Nurse's Sick Call Appointment on:** _____

- () Your test result is not within normal limits. You will be scheduled to discuss the results with the Advanced Level Provider, as new medication(s) or interventions may be required. Please bring your medication(s) with you to your appointment.

***Follow-up Doctor's Sick Call Appointment on:** _____

9DD

Patient: ALFORD, BRIAN Patient ID: A196744 DOB: 4/10/1957 Gender: M

Inst ID: WCI Current Lock: 1 B B 158L Draw Date/Time: 7/24/2015 12:00:00 AM@07:03

fold back here

fold forward here

Your test results were evaluated by an Advanced Level Provider as follows:

☐ Your test result is essentially within normal limits. No Advanced Level Provider follow-up is required.

☒ Your test result remains unchanged and will be reviewed with you at your next chronic care clinic appointment.

☐ Your test result is not within normal limits. Further studies/tests are required and have been scheduled for you. You will receive further information on these studies/tests at a later date.

☐ Your test result is not within normal limits. Adjustments to the medication(s) you have been taking and education are needed. Please bring your medication(s) with you to your appointment.

*Follow-up Nurse's Sick Call Appointment on: _____

☒ Your test result is not within normal limits. You will be scheduled to discuss the results with the Advanced Level Provider, as new medication(s) or interventions may be required. Please bring your medication(s) with you to your appointment.

*Follow-up Doctor's Sick Call Appointment on: _____

Inst ID: LECI Current Lock: 2 B 3 26U Draw Date/Time: 5/10/2013 12:00:00 AM@0835

fold back here

fold forward here

☐ Your test result is essentially within normal limits. No Advanced Level Provider follow-up is required.

☒ Your test result remains unchanged and will be reviewed with you at your next chronic care clinic appointment.

☐ Your test result is not within normal limits. Further studies/tests are required and have been scheduled for you. You will receive further information on these studies/tests at a later date.

[] Your test result is not within normal limits. Adjustments to the medication(s) you have been taking and education are needed. Please bring your medication(s) with you to your appointment.

*Follow-up Nurse's Sick Call Appointment on: _____

[] Your test result is not within normal limits. You will be scheduled to discuss the results with the Advanced Level Provider, as new medication(s) or interventions may be required. Please bring your medication(s) with you to your appointment.

*Follow-up Doctor's Sick Call Appointment on: _____

max 5.14.13

Patient: ALFORD, BRIAN **Patient ID:** A196744 **DOB:** 4/10/1957 **Gender:** M

Inst ID: LECI **Current Lock:** 2 B 3 26U **Draw Date/Time:** 4/2/2012 12:00:00 AM@1049

_____ fold back here _____

_____ fold forward here _____

Your test results were evaluated by an Advanced Level Provider as follows:

☐ Your test result is essentially within normal limits. No Advanced Level Provider follow-up is required.

☒ Your test result remains unchanged and will be reviewed with you at your next chronic care clinic appointment.

☐ Your test result is not within normal limits. Further studies/tests are required and have been scheduled for you. You will receive further information on these studies/tests at a later date.

☐ Your test result is not within normal limits. Adjustments to the medication(s) you have been taking and education are needed. Please bring your medication(s) with you to your appointment.

*Follow-up Nurse's Sick Call Appointment on: _____

☐ Your test result is not within normal limits. You will be scheduled to discuss the results with the Advanced Level Provider, as new medication(s) or interventions may be required. Please bring your medication(s) with you to your appointment.

*Follow-up Doctor's Sick Call Appointment on: _____

4/4

Patient: ALFORD, BRIAN Patient ID: A196744 DOB: 4/10/1957 Gender: M

Inst ID: LECI Current Lock: 2 B 3 26U Draw Date/Time: 3/26/2012 12:00:00 AM@0547

----- fold back here -----

----- fold forward here -----

Your test results were evaluated by an Advanced Level Provider as follows:

☐ Your test result is essentially within normal limits. No Advanced Level Provider follow-up is required.

☒ Your test result remains unchanged and will be reviewed with you at your next chronic care clinic appointment.

☐ Your test result is not within normal limits. Further studies/tests are required and have been scheduled for you. You will receive further information on these studies/tests at a later date.

☐ Your test result is not within normal limits. Adjustments to the medication(s) you have been taking and education are needed. Please bring your medication(s) with you to your appointment.

*Follow-up Nurse's Sick Call Appointment on: _____

☐ Your test result is not within normal limits. You will be scheduled to discuss the results with the Advanced Level Provider, as new medication(s) or interventions may be required. Please bring your medication(s) with you to your appointment.

*Follow-up Doctor's Sick Call Appointment on: _____

INSIDE PASS ONLY

TOCI

Report Time: 06:30 AM

Pass Date: 22-AUG-18

Last Name: ALFORD

Id: A196744

Lock: A1/W/0014

Job: RECREATION AIDE

Destination: Lab- Mandatory

Issued By: SPECIAL SERVICES - MEDICAL AREA

Issued By

Time

Dismissed By

Time

Inmate Signature

Time

<http://dotsportal.odrc1.state.oh.us/reports/RPASSP.aspx?par=TOCI;1;08/22/2018;>

8/21/2018

INSIDE PASS ONLY

TOCI

Report Time: 06:00 AM

Pass Date: 28-AUG-18

Last Name: ALFORD

Id: A196744

Lock: A1/W/0014

Job: RECREATION AIDE

Destination: MANDATORY LAB DRAW

Issued By: SPECIAL SERVICES - MEDICAL

Issued By

Time

Dismissed By

Time

Inmate Signature

Time

<http://dotsportal.odrc1.state.oh.us/reports/RPASSP.aspx?par=TOCI;1;08/28/2018;>

8/27/2018

INSIDE PASS ONLY

TOCI

Report Time: 06:00 AM

Pass Date: 30-OCT-18

Last Name: ALFORD

Id: A196744

Lock: A1/W/0014

Job: LAUNDRY MACH OPER

Destination: MANDATORY LAB DRAW

Issued By: SPECIAL SERVICES - MEDICAL

Issued By

Time

Dismissed By

Time

Inmate Signature

Time

Medical Services Treatment Pass

Institution:	ToCI	Name:	Alford
Number:	196744	Lock:	A1W14

1. Start Treatment Date:	9/18/2018
2. Stop Treatment Date:	9/18/2018

<input type="checkbox"/> B/P	<input type="checkbox"/> 0630
<input type="checkbox"/> DSC	<input type="checkbox"/> 0800
<input type="checkbox"/> TX	<input type="checkbox"/> 1000
<input type="checkbox"/> LAB	<input type="checkbox"/> 1130
<input type="checkbox"/> IM	<input type="checkbox"/> 1300
<input type="checkbox"/> X-Ray	<input type="checkbox"/> 1630
<input type="checkbox"/> EKG	<input type="checkbox"/> 1700
<input type="checkbox"/> Meds	<input type="checkbox"/> 2000
<input checked="" type="checkbox"/> Other: Eye Dr.	<input checked="" type="checkbox"/> Other: 0900

3. You are required to have identification in order to receive medication. Failure to honor this pass may result in disciplinary action.

Nurse's Signature:	<i>M. Mathews, RN</i>
DRC	

PURALUBE® OINTMENT
PETROLATUM
OPHTHALMIC OINTMENT
STERILE
OCULAR LUBRICANT

DESCRIPTION: a sterile ocular emollient (lubricant).

Active ingredients	Purposes
Light mineral oil 15%.....	Eye lubricant
White petrolatum 85%.....	Eye lubricant

Uses: for use as a lubricant to prevent further irritation or to relieve dryness of the eye.

Warnings:

For external use only

When using this product:

- To avoid contamination of this product do not touch the tip of the container to any surface.
- For the multi-use container: Replace the cap after using.
- For the single-use container: Do not reuse. Once opened, discard.

Stop using and ask a doctor if:

- You experience eye pain.
- Changes in vision.
- Continued redness or irritation of the eye.
- The condition worsens or persists for more than 72 hours.

Directions: pull down the lower lid of the affected eye and apply a small amount (one-fourth inch) of ointment to the inside of the eyelid.

Keep out of reach of children. If swallowed, get medical help or contact a Poison Control Center right away. (1-800-222-1222)

DO NOT USE IF BOTTOM RIDGE OF TUBE CAP IS EXPOSED.

See crimp of tube or box for lot number and expiration date.
Store at 20 to 25°C (68 to 77°F)

KEEP TIGHTLY CLOSED

HOW SUPPLIED:

1/8 OZ (3.5 g) Tube (multi-use container) NDC 0574-4025-35
Carton of Twenty (20) Unit Dose 1 g Tube (single-use container) NDC 0574-4025-20

Manufactured for Perrigo, Minneapolis, MN 55427

Questions or comments? Call 1-800-719-9260

Rev 04-14 A 6Y000 RT J1 R0414 Ini 0414